

PLACE OF BIRTH

ARIZONA STATE BOARD OF HEALTH

1. County of Gila

District of _____

Town of Miami

or _____

City of _____

BUREAU OF VITAL STATISTICS
ORIGINAL CERTIFICATE OF BIRTH

State Index No. 139

County Registrar No. 650

Local Registrar No. _____

No. 602 Line Oak St. St. _____ Ward _____
(If birth occurred in a hospital or institution, give its NAME instead of street and number)

If child is not yet named, make supplemental report, as directed.

2. Full name of child Rita Soque

3. Sex of Child Female
To be answered ONLY in event of plural births.

4. Twin, triplet or other _____

6. Legitimate? yes

7. Date of birth May 12, 1926
Month Day Year

5. No., in order of birth _____

8. FATHER

Full name Refugio Soque

9. Residence (Usual place of abode) Miami, Arizona

If non-resident, give place and state.

10. Color or race Mex.

11. Age at last birthday 30 (Years)

12. Birthplace (city or place) San Pedro, Sonora, Mex.
(State or country)

13. Occupation

Nature of Industry Miner

14. MOTHER

Full maiden name Elena Castillo

15. Residence (Usual place of abode) Miami, Arizona

If non-resident, give place and state.

16. Color or race Mex.

17. Age at last birthday 35 (Years)

18. Birthplace (city or place) Torreón, Mex.
(State or country)

19. Occupation

Nature of Industry Housewife

20. Number of children of this mother

(Taken as of time of birth of child herein certified and including this child.)

(a) Born alive and now living 1

(b) Born alive but now dead _____

(c) Stillborn _____

21. Were precautions taken against ophthalmia neonatorum? Yes

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was born at 10:30 A.M. on the date above stated
(Normal or abnormal)

Signature Gyrl M. Brown (Physician or midwife).

Address Miami, Arizona

* When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given name added from a supplemental report

Month, day, year

Filed June 4, 1926

Filed _____, 19____

Local Registrar.

County Registrar.

Registrar

925-512-536